FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 JAN 30 AM 9:31

DOCUMENT # 744384 (9)

1. Corporation Name
PALETTE AND BRUSH CLUB OF THE HALIFAX AREA, INC

Principal Place of Business	Mailing Address
DAYTONA BEACH PUBLIC LIBRARY CITY ISLAND DAYTONA BEACH FL 32114 US	80 COUNTRY CLUB DR. ORMOND BEACH FL 32176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1978
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1946356 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 Anne Marie Klausky
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 600 Tarragona Way
City & State 23	City & State 28 Daytona Beach
Zip 24 / Country 25	Zip 29 32114 / Country 30 Volusia

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FERRARI, ELLEN C
80 COUNTRY CLUB DR
ORMOND BCH FL 32176

10. Name and Address of New Registered Agent

81 Name: Anne Marie Klausky
82 Street Address (P.O. Box Number is Not Acceptable): 600 Tarragona Way
83
84 City: Daytona Beach FL 85 Zip Code: 32114

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anne Marie Klausky Anne Marie Klausky 1-24 1996
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOWLES, DOROTHY	1.2 NAME	
STREET ADDRESS	953 DUNCAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	S DAYTONA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	HENDRICKS, CHARLOTTE	2.2 NAME	
STREET ADDRESS	1062 GEORGE ANDERSON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	FERRARI, ELLEN C	3.2 NAME	Klausky, Anne Marie
STREET ADDRESS	80 COUNTRY DR	3.3 STREET ADDRESS	600 Tarragona Way
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	Daytona Beach, Fl 32114
TITLE	RSD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, ROBIN	4.2 NAME	
STREET ADDRESS	17 MARIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	
TITLE	CSD	5.1 TITLE	☐ Change ☐ Addition
NAME	KRZYZOWSKI, CONNIE	5.2 NAME	
STREET ADDRESS	69 VILLAGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	GARNER, JOAN	6.2 NAME	
STREET ADDRESS	112 VENETIAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anne Marie Klausky Anne Marie Klausky 1 24 95 904 238 0129
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0024409